

APPLICATION INSTRUCTIONS

Is **ALL** of the following **REQUIRED** information in the envelope you are about to mail?

- ☐ **SIGNED** Application (2 pages)
- ☐ **SIGNED** Self-Inspection form (4 pages)
- ☐ **COMPLETED** Master Business License Information sheet (1 page)
- ☐ **LIST** of Controlling Officers or Partners, including their address and phone number
- ☐ Applicable licensing **FEE**

ON-SITE INSPECTION

If you are applying for a license for a new facility, **or** as a new owner of an existing facility, a Public Health Advisor from our staff will be providing an on-site inspection. The Advisor will inform you and your staff if anything needs to be done to have your facility meet the minimum licensing standards for the state of Washington (WAC 246-360). If you have any questions, you may call **1-800-771-1204** or visit our website at www.doh.wa.gov.

The application form included in this packet is general for those facilities and programs licensed by the Department of Health. The Application Addendum attached to the application is specific to the Transient Accommodation program. The information provided below is to assist you in completing your application for a Transient Accommodation License. For each corresponding number, please provide:

- (1) The **NAME** of the transient accommodation as you want it to read on the license.
- (2) The site address, telephone, and fax numbers for the transient accommodation.
- (3) The mailing address, if different from the site address, for department correspondence and BILLING.
- (4) The type of business operation.
- (5) The name of the person, partnership, or corporation, that is, the person ultimately responsible for assuring the facility is in compliance with state laws and regulations (this person may own or lease the business).
- (6) The Uniform Business Identification (UBI) number issued by the Department of Licensing, also known as the Master Business License number. Contact the Department of Licensing at (360) 664-1400, if you have not applied for a master business license.
- (7) The mailing address of the responsible person, the partnership, or corporation, that is, the licensee.
- (8) The date the Articles of Incorporation were filed with the Washington Secretary of State if a corporation or partnership owns the business. **Attach a list of controlling officers or partners, their addresses and their official capacities.**
- (9) The name of the manager, general manager, or innkeeper (the person responsible for the day-to-day operation), as well as the telephone and fax numbers.
- (10) The name of the individual the Department should call to ask questions, if necessary.

If any of the required licensing information is missing from the packet submitted, there will be a SIGNIFICANT DELAY in processing and issuing a transient accommodation license to operate. WAC 246-360-020(1) "**A person shall have a current license issued by the department before operating or advertising a transient accommodation.**"

- **A COMPLETE LICENSE APPLICATION FOR THE FACILITY REQUIRES THE FOLLOWING:**
 - A complete application means all relevant portions of both pages should be completed, signed, and dated. Applications without signatures will be returned.
 - A list of controlling officers or partners, their addresses, and their official capacities.
 - Master Business License Number. Contact the Department of Licensing at (360) 664-1400, if you have not applied for a master business license.
 - The enclosed self-inspection form. Please complete and return with the application fee and application forms.
- **A CHECK OR MONEY ORDER FOR THE APPROPRIATE ANNUAL LICENSE FEE** based on the number of units used for transient accommodations:
 - 3-10 units \$150.00 fee
 - 11-49 units \$300.00 fee
 - 50 or more units \$600.00 fee

*Make check or money order payable to "**Department of Health**" and mail in the envelope provided to:*

**DEPARTMENT OF HEALTH
REVENUE SECTION
PO BOX 1099
OLYMPIA WA 98507-1099**

If mailing priority overnight, please mail to: DEPARTMENT OF HEALTH, ATTN: ENFORCEMENT UNIT, 310 ISRAEL ROAD SE, MS 47852, TUMWATER WA 98501



FACILITY/AGENCY
LICENSE APPLICATION

Facilities & Services Licensing
PO Box 1099
Olympia, WA 98507-1099

Internet: www.doh.wa.gov

Initial ☐ Renewal ☐ Change of Ownership ☐ Amended ☐

1. Name of Transient Accommodation _____
2. Street Address _____
City _____ Zip _____ County _____
Telephone _____ Fax _____ Email Address _____
3. Mailing Address _____
City _____ Zip _____ County _____
4. Agency business operation is owned by: ☐Sole Proprietor ☐Partnership ☐Limited Partnership ☐Corporation
☐Limited Liability Corporation ☐Non-Profit Corporation*
*(*As defined by the Internal Revenue Service.)*
"NOTE": Married couples must decide whether they wish to be considered as a Sole Proprietor or Partnership
5. Name of applicant (business operator owner as noted in #4) _____
6. Washington State Uniform Business Identification number (also known as the Master Business License number) _____
7. Address _____
City _____ Zip _____ County _____
Telephone _____ Fax _____
8. If the business operation is owned by a corporation or partnership, give the date the Articles of Corporation were filed with the Secretary of State _____
(Attach a list of controlling officers or partners, their addresses and their official capacities).
9. Name of Administrator/Manager _____
Telephone _____ Fax _____
10. Preferred contact person _____ Telephone _____ Fax _____

I/We certify that the above information and attachments to this application are true and complete to the best of my/our knowledge.

Signature of applicant or authorized representative

Title

Date

Signature of applicant or authorized representative

Title

Date

Washington State Department of Health

Transient Accommodation Facility Application Addendum

The undersigned hereby makes application for a license to operate a **Transient Accommodation Facility** subject to the provisions of Chapter 70.62 Revised Code of Washington, and Chapter 246-360 Washington Administrative Code.

Facility Name (same as Page 1) _____

If name change, what is the name on **last** license? _____

Number of guest units _____ Anticipated opening date _____

Have you added units since your last license? ☐ Yes ☐ No

If yes, number of units added _____ Specific Unit Numbers Added _____

☒ **Check Type of Transient Accommodation**

☐ Hotel ☐ Motel ☐ Bed & Breakfast ☐ Inn ☐ Apartments ☐ Condominiums
☐ Crisis Shelter ☐ Hostel ☐ Resort ☐ Rustic Resort ☐ Retreat ☐ Other

Do you use mobile homes or trailers as lodging units? ☐ Yes ☐ No

Is your facility open year-around? ☐ Yes ☐ No If not, please indicate open dates _____

Please identify any units on the property (e.g., by name or number, etc.) not used as part of the Transient Accommodation.

☒ **Check any of the following items provided, and indicate the number of each:**

☐ Sauna _____ ☐ Gym _____ ☐ Pool _____ Is pool inspected by Local Health Department? ☐ Yes ☐ No
☐ Whirlpool Bathtubs _____ Specify locations: _____
☐ Hot Tubs _____ Specify locations: _____
☐ Lodging Room Kitchens _____ Specific Unit Number(s) _____

☒ **Indicate type of Sewage Disposal System**

☐ On-site ☐ Municipal

I certify that I have received, read, understand, and agree to comply with Chapter 70.62 RCW and Chapter 246-360 WAC regulating this licensing category. I also certify that the information herein submitted is true to the best of my knowledge and belief.

Signature of Authorized Representative

Title

Date

DOH Form 550-025J (7/97)

Revenue Use Only

Facility Name _____

1F 0597634200 00631

REQUIRED for Transient Accommodation License Licensure

Under WAC 458-20-101, every person who is engaged in any business activity for which the Department of Revenue is responsible for administering and/or collecting a tax, shall apply for and obtain a tax registration endorsement (master business license) with the Department of Revenue.

To ensure we have the correct master business license number on file for your facility, please fill in your master business license number in the spaces below. Your number looks similar to this **600, 601 or 602-000-000**. If you DO NOT have a master business license number, please contact the Department of Licensing at (360) 664-1400.

_____ - _____ - _____

Facility

Address

Telephone Number

Signature of Authorized Representative

Title

Date

Print Name of Authorized Representative

Return this form with your application packet.

REQUIRED FOR LICENSURE

TRANSIENT ACCOMMODATION SELF-INSPECTION FORM

Facility
Name _____

Physical
Address _____

Phone _____

Fax _____

Type of Transient Accommodations (TA):

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Hotel | <input type="checkbox"/> Motel | <input type="checkbox"/> Bed & Breakfast |
| <input type="checkbox"/> Inn | <input type="checkbox"/> Hostel | <input type="checkbox"/> Apartments |
| <input type="checkbox"/> Retreat | <input type="checkbox"/> Resort | <input type="checkbox"/> Rustic Resort |
| <input type="checkbox"/> Condominiums | <input type="checkbox"/> Crisis Shelter | |
| <input type="checkbox"/> Other _____ | | |

INSTRUCTIONS:

1. If a question does not apply to your facility, put a check in the "NA" (Not Applicable) Column.
2. If the answer is "Yes," put a check in the Yes column.
3. If the answer is "No," put a check in the No column, AND:
 - Describe how you will correct the problem using the space in the next column; AND
 - Write the date by which you will complete the correction in the last column.
4. Attach additional pages, if necessary, to explain corrections and/or make comments.
5. SIGN this form after completing the self-inspection, and return it in the enclosed envelope.

If you have any questions, please call 1-800-771-1204.

Items of Inspection	Y	N	N A	How will you correct?	By what date?
WAC 246-360-020 (LICENSE)					
1. Is the TA ownership and name the same as last year?					
2. Are the number of TA units the same as last year?					
3. Do you have local approval for new construction?					
WAC 246-360-030 (RESPONSIBILITIES)					
4. Fire Requirements:					
a. Is there an operable smoke detector in each sleeping room and are detectors tested monthly?					
b. Are fire extinguishers tested annually?					
c. Is there a clear path to fire exits?					
d. Is current certification of fire alarm system(s) on site?					
e. Is current certification of fire sprinkler system(s) on site?					
5. Is the TA inspected annually by local fire department?					
6. Is your license posted where the public can view it?					
7. Have you established policies and procedures requiring employees to maintain good personal hygiene?					
WAC 246-360-040 (WATER - TEMPERATURE)					
8. Are you on an approved community water system? If not, please explain.					
9. Is water supply free of cross connections? (Submerged inlets on ice machine drain pipes, water faucets, hose attachments, toilet tank filler, etc.)					

Items of Inspection	Y	N	N A	How will you correct?	By what date?
10. Is hot water at sinks/bathing fixtures 110-130° F?					
11. Have you labeled any water unsafe for domestic use "Do Not Drink" at the outlet?					
WAC 246-360-050 (SEWAGE)					
12. Are you on a municipal sewer system? If not, please explain.					
13. Is property free of surface waste water?					
WAC 246-360-070 (REFUSE & SOLID WASTE)					
16. Is a leak-proof refuse container provided in each unit?					
17. Is the area around your facility maintained in a clean and sanitary manner?					
18. Is refuse removed from units after each occupancy and handled in a clean, safe and sanitary manner?					
WAC 246-360-080 (CONSTRUCTION)					
19. Are buildings structurally sound?					
a. Are buildings and fixtures in good repair?					
b. Are all areas kept clean?					
c. Are wall, floor and ceiling surfaces easily cleanable?					
d. Are carpets and floors, especially under beds, cleaned/vacuumed between guests?					
e. Are phone receivers cleaned between guests?					
f. Are bath fixtures and the floors in bathrooms sanitized between guests?					
g. Are bathing facilities caulked and free of mold and mildew?					
h. Are bathroom/toilet room vents cleaned?					
20. Is the TA free from insects, rodents, pests?					
WAC 246-360-090 (LODGING UNITS)					
21. Is there a 50 square foot floor area per guest?					
22. Is there space to move easily between beds, etc.?					
WAC 246-360-100 (BATHS, TOILETS, SINKS)					
23. Is there at least one bathing facility, toilet, and sink for every 15 guests in facilities with common-use toilets or bathrooms?					
24. Is there means for privacy in toilets and for bathing in common-use facilities?					
25. Are single use towels or drying devices provided by common-use sinks?					
26. Are fixtures and drains safe and working properly, and are sink drain stems cleaned frequently?					
27. Is there a place to wash hands in, or adjacent to, each toilet room?					
28. Is toilet tissue provided by each toilet?					
29. Is there soap by handwashing and bath fixtures? (Not required for rustic resorts)					
30. Are clean towels, washcloths, and floor mats provided upon guest arrival, and changed at least twice a week for continuing guests? (Not required for rustic resorts)					

Items of Inspection	Y	N	N A	How will you correct?	By what date?
31. Is clean linen stored off the floor?					
WAC 246-360-110 (LODGING UNIT KITCHENS) & 160 (FOOD/BEVERAGE SERVICE)					
32. Do staff who prepare or serve food have current food service worker permits?					
33. Is food stored off the floor and away from toxic material?					
34. Do kitchens/food preparation areas have:					
a. Cleanable floors and walls?					
b. Other than the handwashing sink, is there a sink with running hot and cold water?					
c. Clean kitchen fan filters?					
d. Cleanable food storage and preparation areas?					
e. Leak proof waste food containers?					
35. Do refrigerator(s):					
a. Maintain temperature(s) at 45° or less?					
b. Get cleaned and sanitized between guests, or at least weekly?					
c. Have clean refrigeration coils?					
36. Are the food preparation areas cleaned and sanitized between guests?					
37. Between guests, are utensils, dishes, and glasses washed in a dishwasher, or by the 3-compartment sink method?					
WAC 246-360-120 (HEATING & COOLING)					
38. Is there a safe means of heating the units to at least 65°F?					
39. If provided, is the heating and cooling system safe, and are vents and filters cleaned frequently?					
WAC 246-360-130 & 140 (LIGHTING AND VENTILATION)					
40. Is there adequate light for safety & maintenance?					
41. Is there required ventilation (natural or mechanical) in each unit, kitchen, bath, toilet room, and laundry?					
WAC 246-360-150 (BEDS/BEDDING) & 140 (WATER TEMPERATURE)					
42. Are beds, mattresses, pads, pillows, bedding, and linens clean, sanitary, and in good repair?					
43. Is bedding changed between guest occupancies and at least twice a week for continuing guests?					
44. Are blankets, spreads, etc. kept off the floor while beds are changed?					
45. Do sleeping units have beds, mattresses, mattress pads, bedding, etc. that are clean and safe?					
46. Is laundry done in water 130°F or more; OR at least 110°F in combination with an effective disinfectant or in an industrial-type multiple cycle machine(s)?					
WAC 246-360-160 (FOOD/BEVERAGE SERVICES)					
47. Are ice buckets sanitized at a central location, or are disposable liners provided?					
48. Are single use ice buckets, plastic glasses, etc., disposed of and replaced between occupancies?					
49. Are reusable food service items:					
a. Cleaned and sanitized?					

Items of Inspection	Y	N	N A	How will you correct?	By what date?
b. In good condition?					
c. Handled and stored properly?					
50. Are ice machines:					
a. Cleaned on the outside, and coils kept clean?					
b. Cleaned and sanitized at least twice a year?					
c. Self dispensing, with no common bins accessible to guests?					
51. Are drinking fountains kept clean with adequate water pressure?					
WAC 246-360-180 (LAUNDRY)					
54. Is soiled laundry kept separate from clean laundry during storage and transport?					
WAC 246-360-200 (HAZARDS)					
55. Are containers with chemicals labeled with exact contents?					
56. Are chemicals stored and used correctly?					
57. Is a secure hand rail present, where needed?					
58. Are gas or oil space and water heaters vented outdoors?					
59. Are pressure relief valve(s) on hot water tank(s) pointed toward wall(s) and/or the floor?					
60. Is the facility free of physical hazards such as uneven surfaces, damaged equipment or furnishings?					
61. Is there adequate exterior lighting?					
62. Are crib mattresses, sheets, and covers in good repair, so pieces cannot be removed by children?					
63. Have there been unusual circumstances in any TA units during the past year; for example, methamphetamine labs, fire, or floods?					
If so, please explain.					

I certify that the above information is true and correct to the best of my knowledge.

Signature of Licensee or designee

Date